

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of San Carlos
 Town of _____
 or _____
 City of _____ No. _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Myron Makiz (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>	7. Date of birth <u>9 13-25</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
 Full name Alexander Makiz

14. MOTHER
 Full maiden name Alice Katsyn

9. Residence (Usual place of abode) San Carlos Ariz
 If non-resident, give place and state.

15. Residence (Usual place of abode) San Carlos Ariz
 If non-resident, give place and state.

10. Color or race 4/4 Indian
 11. Age at last birthday 27 (Years)

16. Color or race 4/4 Indian
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) San Carlos Reservation Ariz
 (State or country)

18. Birthplace (city or place) San Carlos Reservation Ariz
 (State or country)

13. Occupation Common Laborer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a m. on the date above stated (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.
 Address San Carlos Ariz
 (Physician or midwife)

Given name added from a supplemental report _____ Filed _____ 19____
C. H. Sawyer
 Local Registrar

459-913-155 Registrar Filed _____ 19____ County Registrar.